



1641/16

PTO/SB/17 (11-01)
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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known			
		Application Number	09/027,654		
		Filing Date	February 23, 1998		
		First Named Inventor	Jeffrey Kenneth Horton		
		Examiner Name	Gailene R. Gabel		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group Art Unit	1641			
TOTAL AMOUNT OF PAYMENT	(\$)	110.00	Attorney Docket No.	28911/34561/US	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES				
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order					
<input type="checkbox"/> Other	<input type="checkbox"/> None					
Deposit Account Number	13-2855					
Deposit Account Name	MARSHALL, GERSTEIN & BORUN					
The Commissioner is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application						
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
101	740	201	370	Utility filing fee		
106	330	206	165	Design filing fee		
107	510	207	255	Plant filing fee		
108	740	208	370	Reissue filing fee		
114	160	214	80	Provisional filing fee		
SUBTOTAL (1)		(\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE						
Total Claims	Extra Claims	Fee from below	Fee Paid			
Independent Claims	Fee from below	Fee Paid				
Multiple Dependent	Fee from below	Fee Paid				
Large Entity	Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
103	18	203	9	Claims in excess of 20		
102	84	202	42	Independent claims in excess of 3		
104	280	204	140	Multiple dependent claim, if not paid		
109	84	209	42	** Reissue independent claims over original patent		
110	18	210	9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$)		0.00		
**or number previously paid, if greater; For Reissues, see above						
				Other fee (specify)		
				*Reduced by Basic Filing Fee Paid		
				SUBTOTAL (3)	(\$)	110.00

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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Jeffrey S. Sharp	Registration No. (Attorney/Agent)	31,879	Telephone	(312) 474-9578
Signature		Date	June 13, 2002		

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.	
Dated: June 13, 2002	Signature: (Jeffrey S. Sharp)